



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-7300

Canc: Nov 2011
IN REPLY REFER TO
BUMEDNOTE 1110
NAVMED MPT&E
24 Nov 2010

BUMED NOTICE 1110

From: Chief, Bureau of Medicine and Surgery
To: All Medical Department Personnel

Subj: FISCAL YEAR 2011 GUIDANCE ON USE OF HEALTH PROFESSIONS LOAN
REPAYMENT PROGRAM FOR RETENTION

Ref: (a) 10 U.S.C., Section 2173
(b) ASD(HA) Policy Memo 02-013 of 14 Jan 2002
(c) OPNAVINST 1110.1A
(d) ASD(HA) Policy Memo 08-008 of 29 Jul 2008
(e) ASD(HA) Policy Memo 08-006 of 8 Apr 2008

Encl: (1) Sample Request for Health Professions Loan Repayment Program
(2) Sample First Endorsement of Health Professions Loan Repayment Program For
Retention

1. Purpose. To announce the availability of loan repayments under the Health Professions Loan Repayment Program (HPLRP) to qualified health professionals currently on active duty for Fiscal Year 2011 (subject to availability of funding), and to provide information concerning eligibility and application procedures.

2. Cancellation. BUMEDNOTE 1110 of 30 Dec 2009.

3. Background. The HPLRP is an accession and retention incentive program within the Armed Forces Health Professions Scholarship Program (AFHPSP). The HPLRP is a means to assist eligible personnel in the repayment of qualified loans in exchange for an obligated period of active duty. Reference (a) established the HPLRP and designated responsibility for the program to the Secretaries of the various military departments. Reference (b) established Department of Defense policy and guidance for the HPLRP. Per reference (c), the Surgeon General/Chief, Bureau of Medicine and Surgery (BUMED) (hereinafter Chief, BUMED), designated the Commanding Officer, Navy Medicine Manpower, Personnel, Training and Education (NAVMED MPT&E) Command the program manager for AFHPSP, which includes HPLRP. Reference (d) delineated the current maximum annual repayment amount for qualified loans.

4. Definitions

a. Active Duty Health Professional. Any regular active duty Navy officer in the Medical Corps, Dental Corps, Nurse Corps, or Medical Service Corps.

b. Qualified Loans. Government or commercial loans for actual costs paid for tuition, reasonable educational expenses, and reasonable living expenses relating to the attainment of a degree in allopathic or osteopathic medicine, dentistry, Baccalaureate of Science in Nursing, and other health care professions as requested by the Medical Service Corps.

5. Eligibility Requirements for Fiscal Year 2011 Active Duty HPLRP Applicants

a. Must be a commissioned officer on active duty in the Nurse Corps, Dental Corps or Medical Service Corps. Must not be a member of a Reserve Component on extended active duty or mobilized to perform active duty.

b. Must have completed initial active duty obligation as a commissioned officer by 30 September 2011.

c. Must hold an unrestricted license, if required to perform duties in the Navy.

d. Must have less than 12 years of commissioned service as of 30 September 2011 (time as a Warrant Officer counts towards the 12 years) and/or must meet additional Corps requirements as specified in the Corps specific supplemental guidance. Questions regarding supplemental guidance issues should be directed to the designated Corps point of contact (POC) noted in paragraph 9, Application Procedures.

e. Must sign an agreement to incur an Active Duty Obligation (ADO) in exchange for loan repayment.

f. Must meet all height/weight and physical readiness requirements.

g. Must have a qualifying debt.

6. Ineligibility Factors for HPLRP Applicants

a. Must not be a student or graduate of the Uniformed Services University of the Health Sciences (USUHS).

b. Must not be subject to a court judgment/lien against personal property arising from a civil or criminal proceeding in which there is debt owed to the United States (to include Federal student loans).

c. Must not be in default or delinquent on loans for which requesting repayment, or have any other Federal debt.

d. Must not be in a non-select promotion status.

e. Must not have a punitive discharge or any other adverse personnel or administrative action pending or in effect.

7. Repayment Amount and Active Duty Obligation. The Assistant Secretary of Defense for Health Affairs (ASD(HA)) sets the maximum annual award amount of loan repayment. Each individual selected for participation in HPLRP in Fiscal Year 2011 will be eligible to receive loan repayment up to approximately \$40,000 per year. **Funds used in the HPLRP are taxable income and approximately 25 percent federal income tax will be deducted prior to disbursement of funds to each lending institution.** Per reference (e), the maximum number of years of benefit that may be requested is determined by dividing the total value of qualified loans by the annual benefit and rounding up to the nearest whole number of years. However, the number of years of benefit that will be offered to applicants is determined by each of the four Corps. Participants of HPLRP shall incur an ADO consisting of a minimum of 2 years, or 1 year of ADO for each annual repayment, whichever is greater. The ADO for HPLRP shall be served in addition to (consecutive with) any education/ training ADO, special pay ADO, or medical/dental officer multiyear retention bonus ADO. No portion of the ADO for HPLRP shall be fulfilled by prior active service. In addition, the member may not be relieved of his or her ADO solely because of willingness and ability to refund all payments made by the Government, pursuant to Title 10, U.S.C.

8. Repayment Distribution within the Medical Department Corps. On a yearly basis, the Corps Chiefs will determine the number of new loan repayments to be awarded based on available program funding and the specialties from which applications will be accepted. Officers who previously signed multi-year loan repayment contracts will not be affected by this process.

9. Application Procedures

a. A notice of intent to apply for HPLRP shall be submitted to the designated POC in the respective Corps by 1 March 2011. Intent should be submitted by e-mail and include the following information: Rank, Last Name, First Name, Middle Initial (MI), Specialty/Code, telephone number, estimated total health professions loan balance, and degree attained with the loan for which repayment is being sought. Notices of intent will not be accepted after the deadline and applications will not be accepted without a notice of intent. Designated Corps POCs are: Nurse Corps, CAPT Lisa Houser, Commercial (202) 762-3415, Lisa.Houser@med.navy.mil; Dental Corps, CAPT Dave Hartzell, Commercial (202) 762-3413, David.H.Hartzell@med.navy.mil; and Medical Service Corps, CDR Kimberly Ferland, Commercial (202) 762-3406, Kimberly.Ferland@med.navy.mil.

b. Applications for HPLRP, sample in enclosure (1), must be submitted to the Commanding Officer, NAVMED MPT&E Command by e-mail at HPLRP@med.navy.mil. To protect personal information, all except the last four digits of the social security number (SSN) should be masked on application documents. All applications and supporting documentation must be received by 31 March 2011. Applications received after this date will not be considered. Due to network system constraints, attachments must not be larger than 5MB per e-mail. Each application must contain the following:

(1) Name, rank, corps, last four digits of the SSN, business address, work/home/cell telephone numbers, facsimile (FAX) number, and work and/or home e-mail address.

(2) Complete loan information with supporting documentation (e.g., copy of original loan document(s), current monthly statement(s), or printout(s) from lender Web site) that contains lender contact information, account number, balance, and non-delinquent status of each loan for which repayment is requested. The applicant must state the total loan obligation for the health professions degree, the current loan balance for which the applicant is seeking repayment, and the number of years of HPLRP benefit the applicant would like to receive.

(3) Current active duty status, years of commissioned service, years of active service, and accession program.

(4) The following certification statement: "I certify that I have not incurred any prior or current active duty obligation as a result of being a student or graduate from the USUHS."

(5) Copy of licensure and board certification/eligibility documents, if applicable to the applicant's specialty.

(6) A brief motivational statement regarding the applicant's desire for continued military service, no longer than one page, double spaced.

(7) Copy of Physical Readiness Information Management System (PRIMS) Member Report Physical Fitness Assessment (PFA) listing.

(8) Copy of Officer Summary Record.

(9) Copy of Performance Summary Record.

(10) Copies of fitness reports covering the last 5 years or all fitness reports since commissioning, if less than 5 years.

(11) Commanding Officer's endorsement, sample in enclosure (2), to include verification that no punitive or other adverse personnel or administrative action is pending or in effect and that the applicant meets height/weight and physical readiness requirements.

10. Application Review Process and Selection Notification

a. An Administrative Selection Board (ASB) will convene in April 2011 to review all completed applications and provide selection recommendations to Chief, BUMED. Chief, BUMED will provide final approval of individuals for participation in HPLRP.

b. As it is likely there will be many more requests for enrollment in HPLRP than available participation openings, the selection process will be very competitive. The ASB will be

governed by a precept approved by Chief, BUMED. The following criteria, while not encompassing all details of the precept, will be considered by the ASB in making approval recommendations:

- (1) Potential for future naval service and leadership.
- (2) Individual assignments, including operational assignments (past and future).
- (3) Individual accomplishments and awards.

c. The respective Corps Chiefs will notify individuals of their selection for enrollment in HPLRP by 13 May 2011. Selected individuals will receive a contract for the HPLRP from NAVMED MPT&E Command delineating the obligations of all parties by 1 June 2011. The original signed contract must be returned to the Commanding Officer, Navy Medicine Manpower, Personnel, Training and Education Command (Code O1S), 8901 Wisconsin Avenue, Bethesda, MD 20889-5611, by close of business 17 June 2011. NAVMED MPT&E Command will coordinate loan repayments with the appropriate lending institution(s) for those officers signing HPLRP contracts.

d. For questions concerning application procedures and/or eligibility requirements, contact HMCS Allan Lacson at: e-mail: Allan.Lacson@med.navy.mil; or at commercial (301) 295-1820 or DSN 295-1820.


A. M. ROBINSON, JR.

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**SAMPLE REQUEST FOR HEALTH PROFESSIONS LOAN
REPAYMENT PROGRAM FOR RETENTION**

(To be submitted via e-mail)

Date:

From: Rank, First Name, MI, Last Name, USN, XXXX (Last 4 digits of SSN)/Designator
To: Commanding Officer, Navy Medicine Manpower, Personnel, Training and
Education Command, (Code 01S) 8901 Wisconsin Avenue, Bethesda, MD 20889-5611
Via: (Commanding Officer)

Subj: REQUEST FOR PARTICIPATION IN THE FISCAL YEAR 2011 HEALTH
PROFESSIONS LOAN REPAYMENT PROGRAM (HPLRP)

Ref: (a) BUMEDNOTE 1110 of _____

Encl: (1) Personal motivational statement
(2) Loan information (e.g., lender monthly statement for each loan)
(3) Copy of licensure and board certification documents
(4) Copy of Officer Summary Record
(5) Copy of Performance Summary Record
(6) Copies of last 5 years of Fitness Reports, or all, if less than 5 years of service
(7) Copy of PRIMS member Report PFA listing

1. I respectfully request participation in the HPLRP. Request consideration for up to (fill in) years of benefit to repay current outstanding loans totaling \$ (fill in). I attained a _____ degree with the loan for which I am requesting repayment.

2. I am regular active duty, not a member of the Reserve Component on extended active duty or mobilized to perform active duty. As of 30 September 2011, I will have completed (fill in) years of commissioned service and (fill in) years of total active service. I was commissioned via (fill in) program, examples include Direct Accession, the In-Service Procurement Program, the Medical Enlisted Commissioning Program, the Health Professions Scholarship Program, etc.), with a current specialty of (fill in specialty/code).

3. I certify that I have not incurred any prior or current active duty obligation as a result of being a student or graduate of the Uniformed Services University of the Health Sciences.

4. Per reference (a), enclosures (1) through (6) are submitted.

5. I understand that I must sign and return the original HPLRP contract if approved for participation in the HPLRP. **I also understand that HPLRP funds are taxable income and income tax withholding will be deducted prior to disbursement of funds to each lending institution.** I further understand that failure to satisfy all Department of Defense and Service specific HPLRP requirements, to include provision of necessary loan documentation, could result in forfeiture of any loan repayments that may be awarded. I can be reached at DSN (number); commercial (number); FAX (number), e-mail (address), and my command mailing address is (fill in address).

(Signature Block)

Enclosure (1)

BUMEDNOTE 1110
24 Nov 2010

**SAMPLE FIRST ENDORSEMENT OF HEALTH PROFESSIONS
LOAN REPAYMENT PROGRAM**

1110
Ser 00/
Date

FIRST ENDORSEMENT on (rank, name, USN, last 4 digits of SSN/Designator) ltr of
(date)

From: Commanding Officer

To: Commanding Officer, Navy Medicine Manpower, Personnel, Training and Education
Command (Code O1S), 8901 Wisconsin Avenue, Bethesda, MD 20889-5611

Subj: REQUEST FOR PARTICIPATION IN THE FISCAL YEAR 2011 HEALTH
PROFESSIONS LOAN REPAYMENT PROGRAM (HPLRP)

Ref: (a) BUMED Notice 1110 of _____.

1. Forwarded recommending approval.
2. Per reference (a), I verify that no punitive or other adverse personnel or administrative action is pending or in effect and that (name of applicant) meets height/weight and physical readiness requirements.
3. Additional comments.

(Signature Block)

Copy to:
(Individual)

Enclosure (2)